

**Self-Directed Community First Choice/Personal Assistance Services
Provider Prepared Standards**

Provider Name		Provider Region/Office	
Person Completing Form		Title	
Date Completed		Date Submitted	
Standard One: SERIOUS OCCURENCES <i>Provider reports and follows up on all serious occurrences</i>			
List of SOR reported outside the timeframe?			
What are the top three SOR causes and sub-types for your agency?			
How does your agency utilize this information in Quality Assurance/Performance Improvement?			
Standard Two and Three: (2) PLAN FACILITATOR CRITERIA and (3) AGENCY OVERSIGHT <i>Provider employs or contracts with a PCP Plan Facilitator who meets the criteria outlined in policy (SD FCF/PAS 701, 720 and CSB 1103)</i> <i>Provider agency employs/contracts with Self-Direct Program Oversight staff who meet criteria outlined in SD CFC/PAS 701 and 720</i>			
List employee/contractor who performed duties of Plan Facilitator or Agency Oversight between July-December			
Employee/Contractor Name and Role(s): PF/AO/Both	By signing below the agency verifies the Plan Facilitator is free of conflict of interest with any of the members he/she works with	# Years Exp in Aging & Disability Svc	PF Certification Training date
Standard Four: MEMBER SURVEY <i>Provider agency conducts an annual member survey and summarizes results (CFC/PAS ###).</i>			
<input type="checkbox"/> Attach a copy of the last annual member survey.			
Date Survey Distributed	# of Surveys Distributed	Response Rate (%)	
In the space below, summarize the results of the last annual member survey along with proposed follow up action based upon survey results. Please indicate how you plan to validate the effectiveness of your action plan. <i>Your proposed action plan should be Specific, Measurable, Achievable, Realistic, and include Timeframes (SMART).</i>			

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Standard Five: Provider Enrollment Criteria						
<i>Provider agencies must meet the provider enrollment criteria outlined in ARM 37.40.4017 and 37.40.1122.</i>						
<input type="checkbox"/> Attach current documentation to verify the following:						
<input type="checkbox"/> General Liability Insurance (\$1,000,000 per occurrence and \$2,000,000 aggregate)	<input type="checkbox"/> Motor Vehicle Liability Insurance (split limits of \$500,000 per person for personal injury and \$100,000 per accident occurrence for property damage; or combined single limits of \$1,000,000 per occurrence to cover such claims as may be caused by any act, omission, or negligence of the provider or its agents, officers, representatives, assigns, or subcontractors)			<input type="checkbox"/> Unemployment Insurance Coverage	<input type="checkbox"/> Worker's Compensation Coverage	
Standard Six: Agency Organizational Structure						
<i>Provider agency submits a written summary of the agency's organizational structure; including the key staff and the role(s) they play in relation to the CFC/PAS Program administration.</i>						
<input type="checkbox"/> Submit a copy of the organizational chart or a written summary of the agency's organizational structure						
Indicate below the names of each employee who has responsibilities for, and participates in, the following tasks						
Employee Name	Access to QAMS Role in Qams	Review & sign off on SDRs	Bill Mcd Claims	Participate in 180, intake and annual visits	Provide CFC/PAS Training	Completed Internal Chart Review for the Annual Quality Assurance Report
Standard Seven: Education						
<i>Provider agency must provide Member/PR with appropriate information and support to understand their roles and responsibilities in the Self-Directed Program</i>						
<input type="checkbox"/> Attach a copy of the agency intake packet (excluding Department generated forms)						
<input type="checkbox"/> Attach a copy of the policy addressing how your agency meets program requirements regarding the member/personal representative (i.e., education, member/pr agreements, compliance, etc.)						
Standard Eight: Corrective Action Plan						
<i>Provider agency must provide a written plan for remediation on any internal quality assurance standards and unmet provider prepared standards</i>						
<input type="checkbox"/> Attach a copy of the agency action plan for addressing any of the unmet standards.						
For each unmet standard, please attach your agency action plan. Each goal/action must be:						
<input type="checkbox"/> S pecific to the unmet standard						
<input type="checkbox"/> M easurable and include the agency staff person who will be responsible for measuring the outcome						
<input type="checkbox"/> A ction specific (i.e., identify specifically how the goal will be tracked)						
<input type="checkbox"/> R elevant to the unmet standard and include a						
<input type="checkbox"/> T imeframe for implementing and evaluating the action item(s)						